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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/567,828			ing Date 28/2006	To be Mailed		
	Al	PPLICATION .	AS FILE	OTHER THAN SMALL ENTITY ☑ OR SMALL ENTITY										
	FOR	N	NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)		
×	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A	150	1	N/A			
×	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A	200		N/A			
\boxtimes	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A			N/A	100		N/A			
	CFR 1.16(i))		11 minus 20 =		• 0			X \$25 =	0	OR	x s =			
	EPENDENT CLAIM CFR 1.16(h))	IS	3 minus 3 =		• 0			X \$100 =	0	1	x \$ =			
	APPLICATION SIZE 37 CFR 1.16(s))	FEE shee is \$2 addi	If the specification and drawing sheets of paper, the application is \$250 (\$125 for small entity) I additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37 (n size fee due for each thereof. See								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j))									180]				
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL	630]	TOTAL			
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1.18(i))	*	Minus	*				x \$ =		OR	x s =			
	Independent (37 CFR 1.16(h))	•	Minus			=		x \$ =		OR	x s =			
	Application Size Fee (37 CFR 1.16(s))													
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR				
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE			
L		(Column 1)		(Column		(Column 3)								
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1,16(i))		Minus					x \$ =		OR	x s =			
	Independent (37 CFR 1.16(h))	*	Minus	***				x \$ =		OR	x \$ =			
Ξ	Application Size Fee (37 CFR 1.16(s))									1				
ΑN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR				
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE			
** 11	If the entry in column 1 is less than the entry in column 2, write 0° in column 3. If the "Highest Number Proviously Patel For IX THIS SPACE is less than 30, enter "20". If the "Highest Number Proviously Patel For IX THIS SPACE is less than 3, enter "2". Legal Instrument Examiner: Eva Gillis													

This collection of information is orquined by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in it is life (and by the USPTO to process) an application Confidentiality is operand by 38 US 6.2 22 and 37 CFR 1.4. 1 this collection is estimated to the bet 2 minutes to complete, encluding pathenapy, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.